Appendix i

Sanctuary Scheme – Feedback Form

Appendix v

* To be completed by everyone after Sanctuary measures have been installed

Name of organisation providing Sanctuary measures

How did you hear about the Sanctuary scheme?

On a scale of 1 to 5 (where 1 is low and 5 high) how do you rate the following:

Overall service received	1	2	3	4	5
Information given about Sanctuary scheme	1	2	3	4	5
Standard of work completed	1	2	3	4	5
Support provided throughout the process	1	2	3	4	5
Professionalism of contractors	1	2	3	4	5
How much safer do you feel as a result of the measures installed	1	2	3	4	5
Have you received information about or been				Yes/N	lo

referred to other Domestic Abuse services?

Do you have any comments about the service you have received, or suggestions for improvements?

Name (optional)	
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Date

Please send completed feedback forms to: Halte

Halton Domestic Abuse Service Halton & District Women's Aid